

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Supervised Postgraduate Professional Experience Plan

The applicant shall complete Parts 1 and 2 of this form and sign the agreement on the back. The Kansas licensed supervisor responsible for monitoring and evaluating the applicant must complete Parts 3 and 4 and sign the agreement on the back of this form.

Part 1 **APPLICANT INFORMATION**

Applicant Name _____

Last

First

MI

Area in which licensure is sought: ☐ Speech-Language Pathology ☐ Audiology

Part 2 **EMPLOYMENT INFORMATION**

Name of Employer _____

Employing Agency _____

Business Address _____

Street

PO Box

City

State

Zip

Business Telephone () _____

Employment to begin on ____/____/____

Part 3 **SUPERVISOR INFORMATION**

Name of Supervisor _____

Business Address _____

Agency/Business

Street/PO Box

City

State

Zip

Business Telephone () _____

Kansas License Number _____ Expiration Date _____

Licensed in what area? ☐ Speech-Language Pathology ☐ Audiology ☐ Both

Supervision to begin on ____/____/____ Supervision to conclude on ____/____/____

(Over)

_____ Nine months of full-time professional employment of at least 35 hours per week.

_____ Twelve months of part-time professional employment of at least 25 hours per week.

_____ Fifteen months of part-time professional employment of at least 20 hours per week.

_____ Eighteen months of part-time professional employment of at least 15 hours per week.

Part 4 **SUPERVISION AGREEMENT**

Monitoring occasions may include onsite observations, conferences in person or on the telephone, evaluation of written reports, evaluations by professional colleagues, or correspondence. The supervisor shall maintain written records of all contacts and conferences during this period.

The supervisor shall maintain detailed written records of all contacts and conferences during this period. If the supervisor determines that the applicant is NOT providing satisfactory services at any time during the period, the supervisor shall inform the applicant in writing and submit written reports to the applicant during the period of resolution.

Supervisor's Agreement

I have read, discussed and agreed upon the aforementioned information and arrangement. I hereby attest that the information supplied in this form is accurate and complete. I further attest that I am the person described and identified on this form as the supervisor. I agree to sign and submit a "Supervised Experience Documentation form" to the Department within 30 days of completion of the supervised postgraduate professional experience.

3 SUPERVISOR'S SIGNATURE

Date _____

Applicant's Agreement

I have read, discussed and agreed upon the aforementioned information and arrangement. I hereby attest that the information supplied in this form is accurate and complete. I further attest that I am the person described and identified on this form as the applicant.

3 APPLICANT'S SIGNATURE

Date _____

Mail completed form to: Health Occupations Credentialing
1000 SW Jackson, Suite 200
Topeka KS 66612-1365